



# MENTORING PROGRAM MENTOR AGREEMENT

By agreeing to become a nurse mentor, you agree to:

1. Complete the Mentor CE self study packet.
2. To contact your mentee (student) and set the initial face-to-face meeting.
3. To contact your mentee (student) on a weekly basis, via phone, email, text message, or whatever method you and you mentee decide upon. You will meet face-to-face with your mentee once a month however and whenever you both agree upon (cup of coffee, professional meeting, walk in park, lunch, etc...).
4. To maintain a log of dates, type of contact, and time spent on contact with your mentee (student) and provide log to the Mentoring Program Coordinator on the first day of every month.
5. To complete a Mentoring Program evaluation tool at the end of each semester and returning evaluation tool to Mentoring Program Coordinator in a timely manner.
6. Contact the Mentoring Program Coordinator if you need any additional educational material, if you require some support and/or encouragement, and/or you need assistance with problem-solving.
7. Maintain confidentiality of personal and professional information shared with you by your mentee.

You have the right to:

1. You have the right to refuse or withdraw from mentoring program at any time. You must contact the Mentoring Program Coordinator as soon as you make this decision so she may reassign your mentee.
2. You have the right to request a change in your mentee (student) assignment at any time with no explanation required. However, the program coordinator will ask so she may problem solve any barriers or problems with the program.
3. Contact the Mentor Program Coordinator for help and support.
4. Enjoy your mentoring relationship with gaining of knowledge, self-esteem, and confidence you are promoting excellence in the nursing profession.

I hereby agree to the above:

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

Please sign and return

TMCC Community Nurse Retention Program Coordinator

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